



MISSOURI DEPARTMENT OF TRANSPORTATION
INFORMAL QUOTE GUIDELINES AND DOCUMENTATION
FOR PURCHASES \$3,000 TO \$24,999.99
THIS IS NOT AN ORDER

REQUEST FOR INFORMAL QUOTATION

Please quote the lowest prices covering material specified and provide all information requested.

TODAY'S DATE:	2/4/08	QUOTE DUE ON OR BEFORE:	02/15/08 - 4:00 PM LOCAL TIME	F.O.B. REQUIREMENTS:	DESTINATION
TIME REQUIRED FOR DELIVERY:		QUOTE No:	4-080215FR	BUYER NAME /TELEPHONE NUMBER:	FRANKIE J. RYAN 573-522-9481
TO BE DELIVERED NO LATER THAN	<u>Maximum of 30 calendar days</u> from receipt of purchase order.				
Central Office Mailing Address Fax Number:	PO Box 270 Jefferson City, MO 65102 573-526-1218		Delivery Locations:	830 MoDOT Drive Jefferson City, MO 65109	

Quantity	U/M	DESCRIPTION (including size and/or part #'s)	UNIT PRICE	UNIT PRICE EXTENSION	DELIVERY TIME
30	Each	7203348045 (MoDOT #) #11A New O.P.W. Automatic shut-off, leaded gasoline nozzles, regular plastic cover or insulator must be assembled on nozzle.	\$	\$	
30	Each	7203348050 (MoDOT #) #11AP New O.P.W. automatic shut-off, unleaded gasoline nozzles, regular plastic cover or insulator must be assembled on nozzle.	\$	\$	
40	Each	0606036347 (MoDOT #) Gasoline pump hose, 3/4" x 12', soft wall, 1 per box. <i>Quotes will be considered on the following: Parker Soft-Flex 2000 Hose Series 7114, or functional equivalent.</i>	\$	\$	

CONTRACT PERIOD WILL BE 3/1/08 THROUGH 2/28/09

Award: All or None	Please include shipping and/or freight in the unit price. Please fax quotation to 573-526-1218			
TOTAL ORDER EXTENSION			\$	

Company Name:

All responses to this Request for an Informal Quotation MUST be submitted on this form and MUST be returned to the Buyer listed above at the Central Office mailing address shown. See attached for conditions and instructions. Purchase orders will be issued on an "as needed basis" upon award.

VENDOR INFORMATION

Vendor Name /Mailing Address	Vendor Contact Information (including area codes):				
	Phone #:				
	Fax #				
	Cellular #				
Printed Name and Title of Responsible Officer or Employee:		Signature:			

Is your firm MBE or WBE Certified? Yes ☐ No ☐